



## Senate

General Assembly

**File No. 107**

January Session, 2007

Substitute Senate Bill No. 229

*Senate, March 22, 2007*

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

**AN ACT CONCERNING LISTS OF PROVIDERS AND NOTIFICATION  
OF TERMINATION OR WITHDRAWAL OF PRIMARY CARE  
PHYSICIANS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-478d of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective October 1, 2007*):

3 For any contract delivered, issued for delivery, renewed, amended  
4 or continued in this state on or after October 1, 1997, each managed  
5 care organization shall provide: (1) Annually to each enrollee a listing  
6 of all providers available under the provisions of the enrollee's  
7 enrollment agreement, in writing or through the Internet at the option  
8 of the enrollee; and (2) notification, as soon as possible, to each enrollee  
9 in a managed care plan that requires the selection of a primary care  
10 physician upon the termination or withdrawal of the enrollee's  
11 primary care physician.

This act shall take effect as follows and shall amend the following sections:
---

Section 1	<i>October 1, 2007</i>	38a-478d
-----------	------------------------	----------

**INS**      *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

---

***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

This bill requires certain notifications by a healthcare center and has no fiscal impact.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

**OLR Bill Analysis****sSB 229*****AN ACT CONCERNING LISTS OF PROVIDERS AND  
NOTIFICATION OF TERMINATION OR WITHDRAWAL OF  
PRIMARY CARE PHYSICIANS*****SUMMARY:**

Under current law, managed care organizations (MCOs) must annually provide people enrolled in a health plan a list of health care providers participating in the plan. This bill specifies that the list must be provided in writing or through the Internet at the enrollee's option.

Current law requires an MCO to notify an enrollee as soon as possible when his or her primary care physician leaves the MCO's provider network. The bill limits the MCO's notification to an enrollee of a managed care plan that requires the enrollee to select a primary care physician.

EFFECTIVE DATE: October 1, 2007

**BACKGROUND*****MCO***

An MCO is an insurer, HMO, hospital or medical service corporation or other organization delivering, issuing for delivery, renewing, or amending an individual or group managed care plan in the state.

***Managed Care Plan***

A managed care plan is a product offered by an MCO that finances or delivers health care services to plan enrollees through a panel of health care providers selected based on explicit standards. The plan offers incentives to the enrollees to encourage the use of these providers.

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea    18    Nay   0    (03/08/2007)